

**DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH  
BUREAU OF ALCOHOLISM AND DRUG ABUSE  
RULES AND REGULATIONS**

**DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH  
BUREAU OF ALCOHOLISM AND DRUG ABUSE  
RULES AND REGULATIONS  
NON-SUBSTANTIVE SECTIONS 1.0 TO 4.0  
LICENSURE STANDARDS  
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1.0    ORGANIZATION AND ADMINISTRATION

1.1    ORGANIZATION

- 1.1.1    The Bureau of Alcoholism and Drug Abuse is an agency of the Division of Alcoholism, Drug Abuse, and Mental Health, a part of the Department of Health and Social Services.
- 1.1.2    The Bureau of Alcoholism and Drug Abuse is administered by the Division of Alcoholism, Drug Abuse, and Mental Health, a part of the Department of Health and Social Services.
- 1.1.3    The title of the individual in charge of the DSAMH/Bureau is Director of the Division of Substance Abuse and Mental Health/Chief of the Bureau of Alcoholism and Drug Abuse.
- 1.1.4    The Director DSAMH/Chief BADA has overall responsibility for the Division, and the functions of the Treatment Programs operated and contracted by the State of Delaware.

1.2    ADMINISTRATION

- 1.2.1    The overall administrative operation of the Bureau of Alcoholism and Drug Abuse shall be handled by the DSAMH Central Office, located in New Castle, Delaware. (Mailing Address: 1901 N. DuPont Highway, New Castle, Delaware 19720).
- 1.2.2    The title of the individual in charge of the DSAMH/BADA is Director of DSAMH/Chief BADA.
- 1.2.3    Director DSAMH/Chief BADA has overall responsibility for the administration of the DSAMH/BADA, the supervision of DSAMH/BADA staff, community activities, and the DSAMH/BADA budget.
- 1.2.4    There are four management units within the Central Office.

1.3    ADMINISTRATIVE UNIT

- 1.3.1    The title of the individual in charge of the Administrative Unit is Manager.
- 1.3.2    The Administrative Unit is designed to perform the following functions:
  - a.    fiscal/budget management and analysis.
  - b.    budget planning and projections.
  - c.    contract management.

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- d. accounts payable.
- e. employee time and leave records.
- f. capital improvement.
- g. state/federal budgetary requests.

1.4 EVALUATION AND QUALITY ASSURANCE UNIT

1.4.1 The title of the individual in charge of the Evaluation and Quality Assurance Unit is, Manager.

1.4.2 The Evaluation and Quality Assurance Unit is designed to provide a check and balance system between program services and program planning via the following functions:

- a. Quality Assurance: Monitoring of all state-operated and state contracted mental health and drug/alcohol facilities; licensing of all programs or individuals who advertise themselves as providers of drug/alcohol services; special studies as needed; gather data related to the efficiency, effectiveness and productivity of all staff and programs; ensure compliance with JCAH accreditation requirements, and Medicare/Medicaid requirements.
- b. Management Information System (MIS): including management reports, performance contracts, and special studies as required.
- c. Program Evaluation.
- d. Consultation to local programs on developing internal quality assurance system.
- e. Ensure that quality assurance is developed both in hospitals and in community programs.
- f. Data analysis.
- g. Surveys.
- h. Alcohol and Drug Screening and Evaluation Team (SET).
- i. Liaison with the DUI system.

1.5 PLANNING AND PROGRAM DEVELOPMENT UNIT

1.5.1 The title of the individual in charge of the Planning and Program Development Unit is, Manager.

1.5.2 The Planning and Program Development Unit is designed to perform the following functions:

- a. Long range program planning process that includes both institutional and community services.
- b. Development of federal and state goals and objectives.
- c. Special studies which include new and innovative programs.
- d. Providing technical assistance to the community.
- e. Needs assessment
- f. Mental health, alcohol and drug abuse planning.
- g. Staff requirements.
- h. Special Projects  
Activities such as manpower development.

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Programs of special interest to target populations (i.e. gambling, elderly, or prevention).  
Press Releases.

1.6 TRAINING, MANPOWER AND PROFESSIONAL DEVELOPMENT UNIT

- 1.6.1 The title of the individual in charge of the Training, Manpower, and Professional Development Unit is, Manager.
- 1.6.2 The Training, Manpower and Professional Development Unit is designed to perform the following functions:
  - a. Professional development will include: education, training, in-service of Division-wide employees.
  - b. Ensuring that required professional certification is maintained for professional staff.
  - c. The annual training plan with needs assessment.
  - d. Responsibility for the development of specialized training needs.
  - e. State Troubled Employees Program (STEP).
  - f. Community Systems Programming/Housing.

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2.0 PRACTICE AND PROCEDURE

2.1 LICENSING OF DRUG ABUSE PREVENTION, CONTROL TREATMENT AND EDUCATION PROGRAMS

2.1.1 The DSAMH/BADA will exercise the authority granted in Title 16 Delaware Code Chapter 48 in accordance with the rules of practice and procedures mandated by the Delaware Administrative Procedure Act, Title 29, DeL.C. Ch. 101.

2.2 UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT

2.2.1 The DSAMH/BADA will exercise the authority granted in Title 16 Delaware Code Chapter 22 in accordance with the rules of practice and procedures mandated by the Delaware Administrative Procedures Act, Title 29, DeL.C. Ch. 101 except as provided in Title 16 DeL.C. Ch. 22.

2.3 INFORMATION AVAILABILITY

2.3.1 The public may obtain and inspect such available information of the DSAMH/BADA, as provided for in 16 DeL.C. §2220, during regular business hours (8:00 a.m. - 4:30 p.m.) on Tuesdays, Wednesdays and Thursdays at its Central Office, 1901 N. DuPont Highway, New Castle, Delaware 19720. The DSAMH/BADA will charge a fee of twenty cents (\$0.20) a page for any documents requested to be reproduced or copied. When making its documents and other materials available to the public, the DSAMH/BADA may take reasonable precautions to preserve the integrity and security of such documents or materials.

2.3.2 Information may be requested or submitted by addressing correspondence to Licensing Officer, DSAMH/BADA, 1901 N. DuPont Highway, New Castle, Delaware, 19720.

2.3.3 Information may be requested by telephone by calling a Licensing Officer.

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3.0 LICENSURE

Under Chapter 48 of Title 16 of the Delaware Code, the DSAMH/BADA has been given responsibility for the development and promulgation of rules, regulations and licensure standards for drug abuse treatment, rehabilitation, education or prevention programs in the State of Delaware. This responsibility is furthered under Chapter 22, wherein the DSAMH/BADA must establish standards for approved Public/Private Treatment Facilities providing care or lodgings for alcoholics. Licensure Standards are subject to periodic review and update by the DSAMH/BADA in accordance with the Administrative Procedures Act and Departmental procedures.

The purpose of such licensing is, of course, to insure that all programs, which serve the alcohol or drug abusing (or potentially alcohol or drug abusing) population, provide at least minimal acceptable levels of service to their clientele. The granting of a license to a program warrants that the program has successfully complied with all requirements for the operation of an alcohol and drug program in its specific category of service. It should be noted that these standards are minimal standards and are directed at programmatic, rather than environmental factors. The facilities in which each program is housed must comply with all other local, state and federal requirements, which are applicable.

3.1 LICENSING AUTHORITY

- 3.1.1 The portions of Delaware State Law relating to the licensing of alcohol and drug abuse prevention, treatment, and education programs (16 Del.C. Chs.22 and 48) empower the DSAMH/BADA to promulgate rules, regulations, and standards leading to the licensure of all alcohol and drug abuse programs in the State.
- 3.1.2 Licensure shall not be required for those programs that provide alcohol and drug education in public or private schools as a matter of and in conjunction with a general education of students. Neither shall licensure be required of law enforcement agencies, which provide alcohol and drug abuse education in the course of their normal performance of duties.

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3.2 DEFINITIONS -

3.2.1 Unless otherwise indicated, the following definitions, listed alphabetically, shall apply to the procedures, rules, regulations, and standards described in these Rules and Regulations, and Licensure Standards:

Activities - That client service component of a program designed to help an individual develop his or her creative, physical, and social skills through participation in various forms of recreational, art, and social media.

Administration - Term relating to the general management and business aspects of the program rather than to the direct client services.

Admission - That point in a patient's relationship with the program at which the intake process has been completed and the individual is entitled to receive the full services of the program.

Advisory Council - A committee of individuals, the composition of which is representative of the community in which the program is located, and the sex, racial, ethnic, and economic characteristics of the program's target population. This Council reviews, comments upon, and makes recommendations concerning program policies and procedures stemming from, affected by, or related to such characteristics.

Aftercare - The process of providing continued services to a client that support and increase the gains made during treatment.

Alcoholic - Means any person who chronically, habitually or periodically uses alcoholic beverages to the extent that they injure his/her health or substantially interfere with his/her social or economic health.

Applicant - Any drug abuse or alcoholism treatment or prevention program applying for a license or renewal thereof.

Approval - The recognition of a program by the DSAMH/BADA as authorized by statute.

Approved Facility - Any program approved by the DSAMH/BADA as a service provider, as defined in 16 Del.C. Subsection 2203 (2) and (3).

Assessment - Those procedures by which a program evaluates an individual's strengths, weaknesses, and problems and needs so that a treatment plan can be developed.

Assessment and Referral Program - A service provider with a staff, budget, facilities and other resources that functions under a defined set of policies and procedures to determine the needs of alcohol and/or drug abusing individuals and refers them to appropriate treatment resources. An assessment and referral program is often, though not necessarily, operated for the purpose of doing intake processing for several independent alcohol and/or drug abuse treatment programs or for one agency operating several programs.

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3.2 DEFINITIONS - (Continued)

BADA or Bureau - Refers to the Bureau of Alcoholism and Drug Abuse an agency of the Division of Alcoholism, Drug Abuse, and Mental Health.

Case Conference - A meeting, attended by at least the case manager and clinical supervisor (staff representative[s] of the various client service components may be involved also), whose primary purpose is the review of a client's treatment plan in light of the progress he/she has made in meeting treatment goals.

Case Management - The activity designed to ensure that the client's treatment plan is developed, regularly reviewed, and revised; that the client is receiving adequate services; and that his/her progress is being measured and recorded in the case record.

Case Manager - The staff person who is primarily responsible for providing and coordinating services to clients, and for monitoring and documenting the clients' progress in treatment.

Certified Counselor - Those counselors fully certified and/or approved by Delaware Alcohol and Drug Counselors Certification Board, Inc. In the State Merit System, a counselor who has been fully certified by that system.

Client - An individual who is entitled to receive the full services of a program, and for whom a treatment plan has been or is being developed. A client receives services on a continuous or regularly scheduled basis.

Chief - The Director of the Division of Alcoholism, Drug Abuse and Mental/Chief of the Bureau of Alcoholism and Drug Abuse, Department of Health and Social Services, State of Delaware.

Client Case Record - The file kept on every client that contains the history of an individual's association with the program. This file usually includes the social, medical, alcohol and drug history, results of physical examinations and laboratory tests (if applicable), all other assessments, treatment plans, progress notes, medication records, and all correspondence dealing with the individual.

Client Service - Any service that is designed to meet the client's treatment or rehabilitation needs.

Consultant - An individual who provides advice and services to a program upon request, usually through a contractual agreement. In the Licensure Standards, a consultant is classified as a program staff member.

Coordinator - An individual with responsibility for planning and supervising the activities of a client service component.

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3.2 DEFINITIONS - (Continued)

Counseling - The effort to utilize a client's personal resources in understanding problem areas, considering alternatives, and changing behaviors. The functions performed will generally fall in the following categories: a) screening/intake, b) orientation, c) assessment/evaluation, d) treatment planning, e) individual counseling, f) group counseling, g) family counseling, h) crisis intervention, i) case management, j) education/prevention, k) referral, l) reports and record keeping, m) consultation with other professionals, and n) client aftercare/follow-up.

Counselor - An individual who performs counseling functions.

Crisis Intervention - Any activity that is aimed at alleviating acute emotional, behavioral and/or physical distress resulting from the individual's use of alcohol or drugs.

D.A.D.C.C.B. - Delaware Alcohol and Drug Counselors Certification Board, Inc.

Day Care Program - An outpatient setting providing vocational rehabilitation, counseling, and other alcohol and/or drug abuse related services to clients, generally on a structured basis of 8 hours a day, 5 days a week.

Demonstrated Experience - Evidence that job experience was gained by direct participation in a job activity comparable to that under consideration, that the experience was gained over a sufficiently long period of time for proficiency to have been gained, and that participation in such activity was supervised by qualified individuals.

Detoxification - The systematic reduction of the degree of physical dependence on alcohol or drugs in a medical or social setting milieu.

D.H.S.S. - Refers to the Department of Health and Social Services, State of Delaware.

Dietetics - That client service component dealing with clients' nutritional needs and involving the purchase of food and the planning, preparation, and serving of meals.

Discharge - That point at which an individual's active involvement with a program is terminated and he/she is no longer carried on program records as a client.

Division or DSAMH - The Division of Substance Abuse and Mental Health, Department of Health and Social Services, State of Delaware.

Documentation - A written record acceptable as evidence to demonstrate compliance with the Licensure Standards.

Drug Abuse - The use of drug, chemical, or substance (excluding alcohol in common usage) in such a manner that the adverse biological, psychological, or social consequences of such use outweigh the benefits.

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3.2 DEFINITIONS - (Continued)

Emergency Telephone Service - A telephone service providing crisis intervention, counseling, and information about alcohol and/or drugs, and on treatment resources.

Evaluation - A systematic process by which treatment or program outcomes are assessed in light of identified goals and objectives.

Executive Director - The individual appointed by the governing body to act on its behalf in the overall management of the program.

Facility - The physical area (grounds, building or portions thereof) under direct program administrative control where program functions take place.

Follow-up - The procedure by which a program determines the status of the services they provided.

Formal Agreement - A written contract, letter of agreement, or other document that defines the relationship between a program and an outside resource or individual.

Formal Relationship - A relationship governed by a formal agreement.

Formulary - A catalog of the pharmaceuticals approved for use in the program that list the names of the drugs, information regarding dosage, contraindications, and unit dispensing size.

Governor's Advisory Council - The appointed advisory council for the DSAMH/BADA: Governor's Advisory Council on Alcoholism Drug Abuse and Mental Health.

Governing Body - The person or persons with the ultimate authority and responsibility for the overall operation of the program.

Guardian - Any parent, trustee, legal committee, "guardian", conservator, or other person or agency charged by law with power to act on behalf of or have responsibility for the person of a patient or a client.

Halfway House - These are identified as community based, peer-oriented residential settings that provide food, lodging, and supportive services in a chemical free environment for persons involved in a recovery process.

Informal Relationship - Any understanding between a program and an outside resource to cooperate in a common venture without imposing binding responsibilities on either party.

Inspector - Refers to a licensing officer or other person duly appointed by the Director DSAMH/Chief BADA.

Intake - The administrative and assessment process preceding admission by which a person is judged eligible to become a client.

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3.2 DEFINITIONS - (Continued)

Law Enforcement Related Agency - Any court, correctional department, probation department, police department, or other organization with legal power to enforce compliance with federal, state, or local laws.

Legal Assistance - That client service component of a program specializing in dealing with a client's criminal and/or civil problems.

Licensee - Any program licensed by the DSAMH/BADA.

Licensure - Certification by the DSAMH/BADA that a program is in compliance with the law, the rules and regulations of BADA, the Licensure Standards, and is authorized to operate an alcohol and/or drug program in the State of Delaware.

Medication Control - That client service component of a program dealing with the storage, handling, accounting, prescribing, dispensing, and administering of drugs used by the program for therapeutic purposes.

Non-ambulatory - Term referring to any individual essentially incapable of moving to safety during emergencies without assistance. This shall include such incapability as caused by physical or other restraint.

On-site - Within the confines of the program's facilities.

Outside Resources - An individual, agency, institution, or organization willing to provide services, facilities, equipment, supplies, funds, or personnel to the program or its clients.

Outpatient Program - A service provider that offers counseling, and/or other alcohol and/or drug abuse related services to clients in an outpatient setting.

Outpatient Setting - A setting in which clients are provided services while they continue to reside in their present environment.

Outreach - The process of systematically interacting with a community for the purpose of identifying persons in need of services, alerting persons and their families to the availability and location of services and enabling persons to enter and accept program services.

Patient - As stated in the Uniform Alcoholism Act, it is defined as a person who is an informal patient, a voluntary patient, a proposed patient or an involuntary patient. That is, any person who is a potential client or a client that has been admitted into treatment.

Policy - A statement of the principles which guide and govern the activities, procedures and operations of a program.

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3.2 DEFINITIONS - (Continued)

Potential Applicant - Any service provider that identifies itself, via the media, as providing drug abuse and/or alcoholism treatment or prevention services.

Prevention Services - Those activities that are designed to prevent individuals and groups from moving along the continuum of non-use -- experimental use -- social use -- occasional use -- regular use -- heavy use of alcohol and/or drugs. Clear emphasis in prevention services should be placed in the first four stages (non-use through occasional use) with regular and heavy use being more identified with treatment services.

Preventive Alternatives - Approaches that provide growth-inducing experiences through which individuals develop increased levels of confidence and self-reliance. Enhancement in these areas is provided through social, occupational, esthetic, affective and cognitive experiences.

Preventive Community Change/Organization - Approaches which are designed to change overall community or societal perceptions and/or attitudes towards alcohol and/or drug abuse.

Preventive Education - Approaches that focus on skill building through the use of well-defined and structured learning processes.

Preventive Information - Approaches that involve the production and/or distribution of accurate and objective information about all types of alcohol and drugs and the effects of those chemicals on the human system.

Procedure - A series of activities designed to implement program goals and/or policy.

Program - Any individual, public or private service provider, firm, corporation, partnership, society or association which represents itself either through name, advertisement, practice, or reputation to offer any service providing information, prevention, treatment, counseling, rehabilitation, or aftercare to alcoholics, drug abusers or drug dependent individuals.

Program Review - That management component of a program having as its objective the determination of the degree to which the program is meeting its stated goals and the degree to which program resources are effectively utilized.

Qualified Physician - An individual who has graduated from a school of medicine or osteopathy and who has a license to practice in Delaware.

Regulations - The administrative procedures through which the licensure process occurs and with which both state licensing officials and local program operators must comply.

Rehabilitation - The re-establishment of a client to a normal or optimal state of health and constructive activity by medical, physical, psychological therapy, counseling and/or other types of interventions.

Resident - Any individual who is provided with sleeping quarters within a program facility.

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3.2 DEFINITIONS - (Continued)

Residential Program - A service provider offering counseling, other alcohol and/or drug abuse related services and sleeping quarters to clients in a residential setting. A residential program temporarily removes the client from his/her present environment.

Residential Setting - A setting in which clients are provided services while they reside within the program facilities. This includes 28-day, long-term and halfway houses.

S.E.T. or Screening and Evaluation Team - Refers to a multidisciplinary team designed to review all Non-DUI cases of individuals attempting to be admitted into or continue in services under the auspices of BADA, as well as those DUI cases of individuals considered to be special problems by the submitting facility.

Setting - The physical surroundings of a program which define how a program provides services, i.e. in residence or outpatient.

Social Services - That client service component of a program organized to enhance the client's familiarity with social service resources and to aid him/her in relating to social institutions.

Staff Member - Any individual who provides services to the program on a regular basis, whether as an employee, as a consultant or as a volunteer.

Standards - Specifications representing the minimal characteristics of an alcoholism or drug abuse treatment or rehabilitation program, or prevention program, which are acceptable for the issuance of a license.

Target Population - The persons, service providers (agencies), and/or organizations towards which the program services are aimed.

Treatment - The broad range of emergency, outpatient, residential, and inpatient services, including diagnostic evaluation, counseling, medical, psychiatric, psychological, and social service care, which may be extended to alcohol or drug dependent persons and which are geared toward influencing the behavior of such an individual to achieve a state of rehabilitation.

Treatment Plan - A written plan which documents the short, medium and long-term interventions which will be taken to address the identified needs of the clients. A treatment plan may also state measurable, time-limited, and specific client objectives.

3.3 DEFINITIONS - Verbs used in these Rules and Regulations, and Licensure Standards

Triage - A system of assigning priorities of medical treatment on the basis of urgency.

Vocational Rehabilitation - That client service component of a program designed to assist the client in becoming a productive member of his/her community through the use of vocational assessment, job counseling, remedial and job training/retraining, job development, and job placement.

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3.3.1 The attention of the program is drawn to the distinction between the use of the words, "shall", "must", "will", "should", and "may" in the Licensure Standards for Alcohol and Drug Programs.

- o Shall, Must or Will - Term used to indicate a requirement, the only acceptable method under the present standards.
- o Should - Term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- o May - Term used to reflect an acceptable method that is recognized but not necessarily preferred.

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4.0 LICENSE APPLICATION PROCEDURES

4.1 PUBLIC NOTIFICATION

- 4.1.1 All potential applicants for licensure or for renewal are responsible for familiarizing themselves with the requirements of the Delaware Licensure Standards, and the time limitations within which each applicant must submit this application. The DSAMH/BADA will inform all potential applicants, via a letter, of these requirements in ample time for the applicant to file the application through established channels. Failure of the DSAMH/BADA to make this notification, or of the delivery mechanism to properly deliver the notification, in no way relieves the potential applicant of his/her responsibility to keep himself/herself informed of licensure requirements.

4.2 LICENSE TYPES

4.2.1 Two types of licenses may be issued by the DSAMH/BADA:

- o Provisional License: A Provisional License may be issued for up to eight (8) months [240 days] , at the discretion of the DSAMH/BADA, to an applicant who is in substantial compliance with the Licensure Standards, and the Rules and Regulations. "Substantial compliance" is defined as that level of compliance wherein deficiencies can be corrected within an eight (8) month [240 days] period. A Provisional License shall not be renewed or extended.
- o Full License: A Full License may be issued when the applicant is found to be in compliance with the Licensure Standards, and Rules and Regulations. At their discretion, the DSAMH/BADA may issue a one or a two-year License. A one-year License may have contingencies attached, which must be corrected to the satisfaction of the DSAMH/BADA in order for the applicant to retain the License. A two-year License will only be granted without contingencies. A Full License is renewable upon re-application provided the facility is still in compliance with the Standards.

4.3 PROCEDURE

- 4.3.1 The procedures by which specific potential applicants receive licensure notification will apply to potential applicants who fall in two categories:
- o Those programs which are not currently operating a licensed alcohol and/or drug abuse treatment or prevention program (during initial implementation of the licensure system, all applicants fall within this category).
  - o Those applicants who are currently operating a licensed program and who are, thus, applying for License renewal.

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4.0 LICENSE APPLICATION PROCEDURES (continued)

- 4.3.2 Potential applicants in the first of these categories will be given notification. After initial licensure, all licensed programs will be notified, approximately 90 days prior to the expiration of their existing licenses. Failure of the DSAMH/BADA to make this notification, or of the delivery mechanism to properly deliver the notification, in no way relieves the licensed program of his/her responsibility to re-apply within 90-120 days prior to termination of a License.
- 4.3.3 In addition to this notification procedure, the DSAMH/BADA will be able to provide information and application forms, as requested by any person or program seeking information on licenses.

4.4 NUMBER

- 4.4.1 A single License will be issued for each qualifying alcohol and/or drug abuse program location. The License shall delineate one or more categories of service(s) that the program is authorized to provide.

4.5 EXPIRATION

- 4.5.1 A Full License shall expire on the anniversary (one or two years) of initial issuance. Renewal of such License shall be issued only on application, as required herein. The renewal of a License shall be contingent upon demonstration of substantial continuation of the program operation for which the initial License was granted for the previously licensed year.
- 4.5.2 Failure to apply for and receive renewal of such License prior to the expiration date shall result in immediate termination of licensure.

4.6 APPLICATION FORM

- 4.6.1 The same application form is utilized for both initial licensure and renewal of an existing license. This form is available only through the DSAMH/BADA. Each item must be completed , and the application must be typed or written legibly in ink.
- 4.6.2 In the event that a potential applicant should have difficulty in completing the form, or that a question of interpretation should arise, the program's director may contact a Licensing Officer, Quality Assurance Office, Technical Section, at the Division of Substance Abuse and Mental Health, (302) 421-6101 for assistance.

4.7 TIME FOR APPLICATION

- 4.7.1 It may be anticipated that it could take the DSAMH/BADA up to 60 days from the time of receipt, to review and decide on an application. Consequently, all new applications shall be received by the DSAMH/BADA at least 90 days prior to the anticipated start date.

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4.0 LICENSE APPLICATION PROCEDURES (continued)

- 4.7.2 Applicants for renewal shall submit their applications at least 90 (but not more than 120) days before the expiration of their current license.
- 4.7.3 If, during the time in which an application is being reviewed by the DSAMH/BADA, a substantive change occurs in a program's nature, staffing, or location, the application should be immediately updated by notifying the DSAMH/BADA, in writing, of the program alterations. In no case shall an application remain incomplete past 60 days prior to anticipated start date.

4.8 WAIVER

- 4.8.1 If an applicant believes that particular circumstances indicate that the waiving of individual licensure standards would be of benefit to the client community, he/she may request such waiver in writing, addressed to the Director DSAMH/Chief BADA, stating the standard he/she wishes waived and the specific reasons for his/her request.
- 4.8.2 Request for waiver must be submitted, to the DSAMH/BADA, with the Licensure Application.
- 4.8.3 The Chief of the DSAMH/BADA is the only one who has the authority to grant a waiver on a standard.
- 4.8.4 Applicants requesting a waiver will be notified that the waiver was granted or denied, at the time of the on-site review. If a waiver was denied the applicant will be asked to provide a plan for meeting the standard.
- 4.8.5 In the event that an applicant wishes to appeal the denial of a License due to failure to meet a standard, for which a waiver was denied, the procedure in Subsection 4.11.1. of this document shall be followed.

4.9 APPLICATION REVIEW

- 4.9.1 Each application received by the DSAMH/BADA will be given a preliminary review to ensure that all information is complete. If additional information is required, the DSAMH/BADA will send a written request specifying the additional information needed.
- 4.9.2 When all application form information is complete, the DSAMH/BADA will conduct an on-site inspection of the applicant's program. During this scheduled visit, the inspector will meet with the Board President (or his/her designee), Program Director, and selected staff members. Additionally, selected clients and selected members of the community in which the program operates may be contacted.

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4.0 LICENSE APPLICATION PROCEDURES (continued)

- 4.9.3 Upon completion of his/her visit, the inspector will submit an inspection report describing the findings of his/her site visit. This inspection report, along with the application form will form the basis for the review process. No fee shall be charged by DSAMH/BADA for conducting an on-site inspection.

4.10 APPROVAL

- 4.10.1 Those applicants, whose applications are approved, will be notified of such approval by the DSAMH/BADA's Licensing Officers.
- 4.10.2 This notification will be accompanied by a License, which contains two principal categories of information:
- o The first will describe the type and nature of services that the licensee is authorized to provide (e.g. residential program, emergency telephone service, etc.).
  - o The second will represent the degree to which the approved application met the requirements for approval.
- 4.10.3 A Full License will be issued to an applicant whose application and program review indicated that its program meets at least 95% of the Licensure Standards, and Rules and Regulations.
- 4.10.4 An applicant whose program meets at least 85% of the Licensure Standards, and Rules and Regulations, and who may reasonably be expected to remedy the shortcomings readily, may be issued a Provisional License which authorizes him/her to operate for 140 to 240 days. Within the time specified on the Provisional License, the licensee must show evidence that the deficiencies noted by the Licensing Officer have been corrected. A second site visit by the DSAMH/BADA Licensing Officer may be conducted to verify that the standard(s) have been met.
- 4.10.5 The License shall be posted in a prominent place.

4.11 DENIAL

- 4.11.1 If it is a decision to deny licensure to an applicant, such denial will be conveyed in writing to the applicant. In the letter notifying the applicant of the denial, the applicant will be informed of the precise reasons for denial and a provision for a fair hearing. The process for appeal differs depending on the type of service the applicant proposes to provide. Therefore, appeals shall be done in accordance with Title 16 of the Delaware Code Chapter 22 (Uniform Alcoholism and Intoxication Treatment Act) and Chapter 48 (Licensing of Drug Abuse Prevention, Control Treatment and Education Programs).

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4.0 LICENSE APPLICATION PROCEDURES (continued)

4.12 SUSPENSION AND REVOCATION

4.12.1 The DSAMH/BADA may suspend or revoke a license as per 16 DeL.C. Ch. 22 and Ch. 48, or for any of the following reasons:

- I. Violation by the program, its director, or staff, of any regulation or standard promulgated by the DSAMH/BADA pertaining to alcohol and drug abuse program licensure.
- II. Permitting, aiding, or abetting the commission of an unlawful act within the facilities maintained by the program, or permitting, aiding or abetting the commission of an unlawful act using drugs or alcohol provided by the program or its staff.
- III. Practices or conduct on the part of the program found by the DSAMH/BADA to be detrimental to the health or welfare of a participant in the program.
- IV. Deviation from the originally licensed plan of operation, if, in the judgement of the DSAMH/BADA, such deviation adversely affects the character, quality, or scope of services provided. This includes an inability to correct all the areas of contingencies.

4.12.2 When the DSAMH/BADA determines that a licensed program has committed an act, or has engaged in conduct or practices, justifying suspension or revocation of licensure, the Director DSAMH/Chief BADA shall notify the program by certified mail (return receipt requested), of the DSAMH/BADA's intent to suspend or revoke the license. Such notices of intent shall contain the reasons for suspension or revocation and suggested corrective measure.

4.12.3 The process of appeal shall be the same as for denial in accordance with Title 16 DeL.C. Ch.22 (Uniform Alcoholism and Intoxication Treatment Act) and Ch.48 (Licensing of Drug Abuse Prevention, Control Treatment and Education Programs).

4.13 NON-ASSIGNABILITY

4.13.1 When a program is discontinued, its current license is immediately void and shall be returned to the DSAMH/BADA. A license issued by the DSAMH/BADA for the operation of an alcohol and/or drug abuse program is not transferable and applies only to the original applicant program and the premises on which the program will operate.

4.13.2 Any person or other legal entity acquiring a previously licensed program shall submit a new application for licensure at least 60 days prior to transfer of program.

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4.0 LICENSE APPLICATION PROCEDURES (continued)

4.13.3 Any licensed person or legal entity desiring to expand or transfer to different premises must notify the DSAMH/BADA 45 days prior to said action in order that the DSAMH/BADA may review the site change and determine appropriate action.

4.14 CLOSURE

4.14.1. A licensee shall, if possible, notify the DSAMH/BADA of impending closure of its licensed program at least 45 days prior to such closure.

4.14.2. The licensee shall be responsible, in coordination with the Alcohol and Drug Screening and Evaluation Team, for the placement of clients and for preservation and delivery of all records to the DSAMH/BADA.

4.14.3 Upon closure, the License shall be immediately returned to the DSAMH/BADA by the licensee.

4.15 REINSTATEMENT OF REVOKED OR SUSPENDED LICENSE

4.15.1 When a License has been revoked or suspended, the licensee, if he/she has not previously had a license revoked or suspended may, at any time after the determination has become final, request a hearing for the purpose of showing that the reasons for the revocation or suspension of the license have been corrected and that the license should be reinstated.

4.15.2 No licensee who has previously had a License suspended or revoked may request a hearing to reinstate the license prior to one (1) year after the determination becomes final.

4.15.3 The request for hearings shall be in writing to BADA/DHSS.

4.16 CONFIDENTIALITY

4.16.1 All client records shall be kept confidential and shall be handled in compliance with Federal (P.L. 92-255 and P.L. 91-616) and State statutes and rules regarding confidentiality provisions as these rules apply to the records and identity of any individual who is or has been a client.

4.16.2 A program shall insure that all staff and clients, as part of their orientation, are made aware of these requirements.

4.16.3 A decision to disclose client information under any provisions of Federal or State rules which permits such disclosure, shall be made only by the Program Director or his/her designee with appropriately administered consent procedures.

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4.0 LICENSE APPLICATION PROCEDURES (CONTINUED)

4.17 FUNDING

4.17.1 The issuance of a License to any applicant shall not be construed as a commitment on the part of either the State or Federal government to provide funds to such licensed program.

4.18 INSPECTIONS

4.18.1 Each applicant or licensee agrees as condition of said application or license to permit properly designated representatives of the DSAMH/BADA to enter and inspect any and all premises of programs for which a license has been applied for or issued. The purpose of such inspections shall be to verify information contained in the application or to assure compliance with all laws, rules and regulations relating thereto. Such inspections shall occur during the hours of operation of said facility or at any other mutually agreeable hour. The applicant or licensee agrees to permit properly designated representatives of the DSAMH/BADA to audit and compile statistical data (subject to confidentiality restrictions) from all records maintained by the applicant or licensee.

4.18.2 Right of entry and inspection shall, under due process of law, extend to any premises which the DSAMH/BADA has reason to believe is operating a drug and/or alcohol program.

4.18.3 No fee shall be charged by DSAMH/BADA for conducting such inspections.

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**5.0     STANDARDS APPLICABLE TO ALL ALCOHOL AND DRUG SERVICE PROVIDERS:**

Rate each program as to level of compliance for each standard in this section. If a standard has been waived, or is not applicable please indicate this instead.

**5.1     GOVERNING BODY/ADVISORY COUNCIL**

- 5.1.1    Every program shall have a governing body or Advisory Council representative of the community.
- 5.1.2    The names, addresses, occupations, and relationship, of any board member, to any staff member shall be            maintained by program management. This may be accomplished by keeping an updated copy, on file, of Form A of the            Licensure Application.
- 5.1.3    Written by-laws which shall specify at least the following: its powers and duties; its officers; criteria for membership; types of membership and methods of selection; number of members; method for determination of a quorum; length of member's terms; frequency of meetings; attendance requirements; and the relationship of this body to the program and program staff.
- 5.1.4    Minutes of meetings shall be kept and shall include, but not be limited to the following items: date of meeting; names of members attending/absent (excused and unexcused); topics discussed, decisions reached and actions taken; and reports from committees and/or task forces.

**5.2     STAFF COMPOSITION**

- 5.2.1    The program shall have a written plan which clearly delineates the number and qualifications of its clinical, administrative, and support personnel as determined by at least the following: the size of the program; the clinical characteristics of the client population; the fundamental needs of the clients, the characteristics of the program's clients, e.g. adults, children, adolescents, male, female, etc.; the hours and days the program operates; and all applicable federal, state, and local laws and regulations.
- 5.2.2    A program using methadone in treatment of drug dependent persons shall not employ any person who is being treated using methadone.

**5.3     RECORDS**

- 5.3.1    A program shall maintain financial, and personnel records in a systematic fashion for a period of seven years.
- 5.3.2    A program shall maintain client case records in systematic fashion. Purging of clinical records shall be coordinated with BADA.
- 5.3.3    The program shall adhere to Federal Rules of Client Confidentiality. (42 U.S.C. 4582 and 21 U.S.C. 1175)

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5.0 STANDARDS APPLICABLE TO ALL ALCOHOL AND DRUG SERVICE PROVIDERS:

5.3 RECORDS (continued)

5.3.4 All client reporting systems and client filing systems shall be approved by BADA.

5.3.5 Clinical records shall include but not be limited to the following documentation:

5.3.5.1 Intake: Information gathered in the course of intake and assessment process shall be recorded on standardized form(s). Demographic, behavioral, medical, and legal information shall be included in this documentation. The documentation shall include a recommendation pertinent to the patient's needs for treatment. The completed form(s) shall become part of the client's case record. The form(s) shall be signed by the case manager conducting the interview, and by the clinical supervisor.

5.3.5.2 Treatment Plan: Every individual case record shall include a treatment plan outlining the following: the identified needs of the client; the short, medium and long-term interventions which will be taken to address the identified needs of the client; frequency of counseling services to be provided; and a delineation of the supportive services needed by the client. A treatment plan may also state measurable, time- limited, and specific client objectives. The treatment plan shall address those issues for which the client will be receiving treatment. An original treatment plan shall be developed within a reasonable period of time after admission, but not to extend beyond 30 days after admission to the program. The treatment plan shall be updated at a minimum of every 90 days in an outpatient setting, and every 30 days in a residential setting or on the 14th day in a 28-day residential program. Treatment plans shall be signed and dated by the case manager and clinical supervisor. The client's signature on the treatment plan is optional.

5.3.5.3 Case Conferences: Every individual case record shall be reviewed by the clinical supervisor and the case manager. The observations and recommendations resulting from this review shall be documented in the client record. Case conferences shall occur at least every 90 days in an outpatient setting, and every 30 days in a residential setting or on the 14th day in a 28-day residential program.

5.3.5.4 Progress Notes: Contacts made with the client and/or on behalf of the client shall be documented in the progress notes. Progress notes shall reflect the progress being made in meeting the current treatment plan. Progress notes shall include, but not be limited to, the following: date of contact/service, time spent, title of person providing the service, client's name, and a summary of the contact which should include facts, impressions and anticipated treatment.

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5.0 STANDARDS APPLICABLE TO ALL ALCOHOL AND DRUG SERVICE PROVIDERS:

5.3 RECORDS (continued)

- 5.3.5.5 Summary of Monthly Client Activity: The individual case record shall provide a monthly summary of services for the review, monitoring and evaluations of the treatment provided to the client.
- 5.3.5.6 Discharge Summary: Every individual case record shall include a discharge summary outlining the following: the reasons(s) for discharge, assessment of the problem that brought the individual to treatment, any unresolved problem(s), discharge/aftercare plans if clinically indicated, and follow-up plan which should include forwarding address and/or phone number(s). The discharge summary shall be signed and dated by the client (if available), the case manager and the clinical supervisor. The discharge summary should be completed immediately upon discharge of a client but no later than five days after discharge.
- 5.3.5.7 Client Reporting System: The individual case record shall contain identifying data, including the following items: a) date of birth; b) sex; c) race or ethnic origin; d) education; e) marital status; f) employment status; g) date of admission; h) alcohol and/or drug history; and i) discharge date.
- 5.3.5.8 Urinalysis: Whenever urinalysis testing is performed, the results of such testing shall be documented in the client case record.
- 5.3.5.9 Confidentiality Forms: All client files shall contain a "General Statement of Confidentiality" which indicates that the client has been informed of the confidentiality regulations protecting client identity and records at the treatment facility. Other confidentiality forms should be filled out as appropriate, and in accordance with the requirements of the law.
- 5.3.6 Authorized BADA personnel shall have access to program records for the purposes of monitoring, research, evaluation, or financial audit functions.

5.4 REPORTS

- 5.4.1 A program shall furnish to BADA from time to time such regular and special reports as reasonably needed by the licensor to insure that licensing standards are being met.

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5.0 STANDARDS APPLICABLE TO ALL ALCOHOL AND DRUG SERVICE PROVIDERS:  
(continued)

5.5. EVALUATION

- 5.5.1 All treatment service providers should provide for a mechanism to collect feedback from service recipients.
- 5.5.2 Prevention projects shall provide for a mechanism to collect feedback from service recipients. Evaluation forms or some process for documenting feelings, impressions, and attitudes of project service consumers shall be used to facilitate a project's ability to meet their needs and expectations.

5.6 FACILITY STANDARDS

- 5.6.1 The building(s) in which an alcohol and/or drug program is housed shall be in compliance with all applicable federal, state, and local codes, ordinances, rules, and amendments thereto (e.g. fire, health, and handicapped regulations).
- 5.6.2 The building(s) in which the program is housed shall maintain written evidence of a valid report of inspections by the authority having jurisdiction (e.g. fire, health, handicapped regulations, etc.).
- 5.6.3 The building(s) and grounds of the program shall be maintained in a clean and safe condition.
- 5.6.4 The building(s) shall be appropriately furnished and in good repair such that the environment enhances the positive self-image of the client, and preserves human dignity.
- 5.6.5 The building(s) shall have rest rooms available to clients, visitors, and staff.

5.7 INTAKE PROCEDURES

- 5.7.1 During intake, each patient shall be interviewed by a certified counselor. This interview shall include a complete personal history, legal history, alcohol and drug history, and any other relevant information.
- 5.7.2 The intake procedure shall provide the basis for an individual treatment plan for each admitted client.

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5.0 STANDARDS APPLICABLE TO ALL ALCOHOL AND DRUG SERVICE PROVIDERS:  
(Continued)

5.8 CERTIFICATION OF COUNSELING STAFF

- 5.8.1 Drug and/or alcohol programs shall have all counselors certified by the Delaware Alcohol and Drug Counselor Certification Board, Inc. or the State Merit System, as meeting the minimum standards to practice in the field. Counselors having certification from other states must also have their certification approved by the D.A.D.C.C.B. in order to assure quality service.
- 5.8.2 Staff members who are not certified and are performing any counseling functions (e.g. interns, volunteers, etc) shall receive documented clinical supervision from a certified counselor.
- 5.8.3 Staff who are not certified have five (5) years from the date the original license (Provisional or Full) has been granted or from the date of hire whichever comes later, to complete their certification. During the five-year period they must obtain an Associate level certification to show that they are working toward certification. The Personnel File shall show documentation that the hours of training are being completed.

5.9 ALCOHOL AND/OR DRUG ABUSE

- 5.9.1 There shall be no unauthorized use of alcohol and/or drugs on or within the premises of any alcohol and/or drug program.

5.10 MEDICAL SERVICES

- 5.10.1 Non-medical facilities shall have documentation that the program has access to medical services for the provision of emergency, inpatient and ambulatory services, as appropriate.

5.11 SUPPORTIVE SERVICES

- 5.11.1 Supportive services should be made available to all clients. These may include, but not be limited to, the following: continuing education, vocational counseling, and training, job development and placement, recreational services, etc.
- 5.11.2 Provision of services to non-English populations: The program must provide for the equitable availability and delivery of services to those non-English speaking persons within the program's stated or recognized service delivery area.

5.12 CLIENT AREA

- 5.12.1 The program should provide an area which clients can use to meet with outside

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5.12.2

community service providers for other activities consistent with the program, e.g. A.A., Al-Anon.

5.13 CLIENT FEES

5.13.1 A notice of the fee schedule shall be posted in a prominent place in each facility stating the availability and location of the schedule. Fee schedules will show base prices for the principal services and any change that may occur in such price.

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6.0 STANDARDS APPLICABLE TO LICENSED MEDICAL DETOXIFICATION SETTINGS:

Rate each medical detoxification setting as to level of compliance for each standard in this section. If a standard has been waived, or is not applicable please indicate this instead.

6.1 MEDICAL DETOXIFICATION

6.1.1 The medical detoxification program shall provide twenty-four hour supervised care under the direction of a physician in a hospital or other suitably equipped medical setting designed for the diagnosis and/or treatment of medical problems derived from or associated with alcohol abuse, and/or alcoholism, and drug abuse.

6.2 OTHER APPLICABLE STANDARDS

6.2.1 The facility shall comply with all appropriate federal, state, and local codes, laws and regulations pertaining to medically oriented environments, as defined above.

6.3. HOURS OF OPERATION

6.3.1 The program shall operate seven days per week, twenty-four hours per day.

6.4. ADMISSION PROCEDURES

6.4.1 Admission to a program shall be determined by a certified staff member upon examination of the potential client. This procedure shall include appropriate physical and laboratory tests as determined by the medical staff member and other federal or state laws.

6.5 ALCOHOL/DRUG SCREENING

6.5.1 Testing for alcohol and/or drugs used should be conducted, on an as needed basis, under appropriate supervision, as soon as possible after admission.

6.6 CONTROLLED SUBSTANCES

6.6.1 A detoxification program using controlled substances as a component of treatment shall comply with all federal, state, and local acts, rules and regulations pertaining to controlled substances.

6.7 CLIENT SERVICE

6.7.1 In a medical detoxification setting a client shall receive a minimum of one face-to-face medical service contact in each 24-hour period during the client's stay in treatment.

6.8 MEDICAL STANDARDS

6.8.1 A medical detoxification program shall be capable of effectively managing the physiological manifestations and distress associated with withdrawal.

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6.0 STANDARDS APPLICABLE TO LICENSED MEDICAL DETOXIFICATION SETTINGS:  
(continued)

6.8.2 The program shall have standing orders for withdrawing clients. These orders shall cover the various forms of physical dependence expected to be encountered by the program.

6.8.3 Medication shall be administered per all state and federal requirements.

6.9 STAFF COVERAGE

6.9.1 There shall be a staff member on-site during the program's hours of operation who has basic knowledge of the complications associated with withdrawal and who is legally permitted to administer drugs.

6.10 MEALS

6.10.1 The program shall provide a dietetic component that addresses the nutritional needs of the client.

6.11 MEDICAL EVALUATION

6.11.1 There shall be a documentation that an evaluation of the medical needs of the client has been conducted and/or reviewed by a physician within twenty-four hours of the client's entry into the detoxification program.

6.12 PHYSICIAN COVERAGE

6.12.1 A detoxification program shall have a physician or physicians, licensed to practice medicine in the State of Delaware.

6.12.2 This physician coverage shall provide on-site services as necessary and on-call services twenty-four (24) hours a day.

6.13 DISCHARGE PROCEDURES

6.13.1 A client shall continue in the program until a medical determination is made that the client is medically detoxified. Discharge against medical advice shall be documented in the case record.

6.14 FACILITY CAPACITY

6.14.1 Facilities shall have a client bed capacity sufficient to accommodate the stated program capacity.

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6.0 STANDARDS APPLICABLE TO LICENSED MEDICAL DETOXIFICATION SETTINGS:  
(continued)

6.15 DETOXIFICATION RECORDS

- 6.15.1 A detoxification program shall keep records in accordance with all the subsections of section 5.3. Clinical records shall include both medical and social service documentation, and shall include but not be limited to: doctor's order sheet, physical exam documentation, progress notes, treatment plan, a brief medical history, drug history, social/ psychological evaluation, medical forms to monitor medication received and blood pressure readings, client service record, a client reporting system for admission/discharge, urinalysis and lab test reports (when appropriate) and confidentiality forms.

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7.0 STANDARDS APPLICABLE TO LICENSED SOCIAL SETTING DETOXIFICATION

SETTINGS: Rate each social detoxification setting as to level of compliance for each standard in this section. If a standard has been waived, or is not applicable please indicate this instead.

7.1 SOCIAL SETTING DETOXIFICATION

7.1.1 Social setting detoxification is defined as the provision of counseling and other supportive non-medical services, in a residential setting, to alcohol and/or drug intoxicated clients.

7.2 MEDICAL SERVICES

7.2.1 There shall be 24-hour coverage by staff trained in triage.

7.2.2 There shall be documented agreements with local ambulance service(s) and emergency room(s) for the provision of emergency medical services to clients.

7.3 ADMINISTRATION OF MEDICATION

7.3.1 There shall be no administration of prescription or non-prescription drugs until the client has been examined by a physician or a physician has been consulted.

7.4 RECORDS

7.4.1 The social setting detoxification facility shall adhere to all of section 5.3 of these Standards. In addition there shall be on each client:

7.4.1.1 a brief medical history including, at a minimum, a history of heart and liver disease, convulsions and delirium tremens.

7.4.1.2 documentation that the pulse and blood pressure is monitored and recorded at least three times daily for the first 72 hours.

7.4.1.3 documentation that a social evaluation is performed within 72 hours of admission.

7.5 OTHER APPLICABLE STANDARDS

7.5.1 The social setting detoxification facility shall adhere to all those standards set forth in Section 8.0: Standards Applicable to Licensed Residential Settings, except 8.7 Client Services.

7.6 CLIENT SERVICES

7.6.1 In a social-setting detoxification setting a client shall receive a minimum of one face-to-face counseling contact in each 24 hour period during the client's stay in treatment.

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- 8.0 STANDARDS APPLICABLE TO LICENSED RESIDENTIAL SETTINGS: Rate each residential setting as to level of compliance for each standard in this section. If a standard has been waived, or is not applicable please indicate this instead.
- 8.1 RESIDENTIAL TREATMENT
- 8.1.1 The residential setting shall be designed to provide a variety of diagnostic, services on both a scheduled and non-scheduled basis to alcohol and/or drug abusing persons whose physical and emotional status warrant that they be provided with sleeping quarters.
- 8.2 OTHER APPLICABLE STANDARDS
- 8.2.1 A residential setting shall comply with applicable Delaware State Board of Health Regulations pertaining to residential homes.
- 8.3 HOURS OF OPERATION
- 8.3.1 A residential setting shall function seven days per week, twenty-four hours per day.
- 8.4 ADMISSION PROCEDURES
- 8.4.1 Each new admission or readmission shall have had a physical examination performed by qualified medical personnel within 90 days prior to admission or within five days subsequent to admission.
- 8.5 ALCOHOL/DRUG SCREENING
- 8.5.1 Testing for alcohol and/or drug use should be conducted, on a randomly scheduled basis, under appropriate supervision, as indicated by clients' needs.
- 8.6 MEDICATION
- 8.6.1 A residential setting using a medication as a component of treatment shall comply with all federal, state and local acts, rules and regulations pertaining to controlled substances and other chemicals.
- 8.7 CLIENT SERVICES
- 8.7.1 In a residential program, a client shall receive a minimum of five 50-minute counselor/client face-to-face service contacts during a seven (7) day period.
- 8.7.2 In a halfway house, a client shall receive a minimum of one 50-minute counselor/client face-to-face service contact during a seven (7) day period.

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8.0 STANDARDS APPLICABLE TO LICENSED RESIDENTIAL SETTINGS: (Continued)

8.8 STAFF COVERAGE

8.8.1 In a residential program, there shall be a staff member, knowledgeable in crisis intervention and counseling, on-site twenty-four (24) hours per day.

8.8.2 In a halfway house, there shall be a staff member, knowledgeable in crisis intervention and counseling, on-call twenty-four (24) hours per day.

8.9 MEALS

8.9.1 A residential setting shall ensure that a dietetic component provides for the nutritional needs of the clients.

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9.0 STANDARDS APPLICABLE TO LICENSED OUTPATIENT SETTINGS: Rate each outpatient setting as to level of compliance for each standard in this section. If a standard has been waived, or is not applicable please indicate this instead.

9.1 OUTPATIENT TREATMENT

9.1.1 The outpatient setting shall be designed to provide a variety of primary drug and/or alcohol treatment services on a scheduled basis. This shall be for alcohol and/or drug abusing persons and their families whose physical and emotional status allows them to function in their usual environments.

9.2 OTHER APPLICABLE STANDARDS

9.2.1 An outpatient setting shall comply with all appropriate federal, state, and local codes and other laws and regulations.

9.3 HOURS OF OPERATION

9.3.1 Outpatient programs shall operate no less than five days per week, at least eight hours per day. The schedule shall include at least eight hours per week outside the hours of 9:00 a.m. to 5:00 p.m.

9.3.2 Outpatient methadone programs shall comply with Federal Methadone Regulations.

9.3.3 Daycare programs shall operate a minimum of 5 days per week at least eight hours per day.

9.4 ADMISSION PROCEDURES

9.4.1 Each new admission or re-admission should have a physical examination performed by qualified medical personnel or should have evidence that such a physical examination was performed within 90 days prior to admission, or within two weeks following admission.

9.5 ALCOHOL/DRUG SCREENING

9.5.1 Testing for alcohol and/or drug use should be conducted, on a randomly scheduled basis, under appropriate supervision, as indicated by clients' needs.

9.6 MEDICATION

9.6.1 An outpatient setting using medication as a component of treatment shall comply with all federal, state, and local acts, rules, and regulations pertaining to controlled substances and other chemicals.

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9.0 STANDARDS APPLICABLE TO LICENSED OUTPATIENT SETTINGS: (Continued)

9.7 CLIENT SERVICES

9.7.1 At an outpatient program, a client shall receive a minimum of one 50-minute counselor/client face-to-face service contact per month.

9.7.2 At a daycare program, a client shall receive a minimum of one 50-minute counselor/client face-to-face service contact daily.

9.8 STAFF COVERAGE

9.8.1 A staff member who is knowledgeable in crisis intervention shall be on-site during the programs hours of operation.

9.9 MEALS (DAYCARE)

9.9.1 A daycare program shall ensure that a dietetic component provides for at least one nutritionally balanced meal each day.

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- 10.0 STANDARDS APPLICABLE TO LICENSED EMERGENCY TELEPHONE SERVICE: Rate each emergency telephone service as to level of compliance for each standard in this section. If a standard has been waived, or is not applicable please indicate this instead.
- 10.1 EMERGENCY TELEPHONE SERVICE
- 10.1.1 An emergency telephone service shall be designed to provide crisis intervention counseling, information on treatment resources, and information on alcohol and drugs.
- 10.2 OTHER APPLICABLE STANDARDS
- 10.2.1 An emergency telephone service shall comply with all appropriate federal, state, and local codes and other laws and regulations.
- 10.3 HOURS OF OPERATION
- 10.3.1 An emergency telephone service should operate seven days per week, for no less than 12 hours per day. These hours shall be at times which have been identified as time of greatest need via a survey or needs assessment.
- 10.4 STAFF
- 10.4.1 Telephone staff may consist of volunteers from the community.
- 10.4.2 Telephone staff shall have completed a formal training program and shall demonstrate familiarity with:
- emergency treatment resources
  - available treatment programs
  - alcohol and drug information
  - human relations and interaction techniques

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11.0 STANDARDS APPLICABLE TO LICENSED PREVENTION ACTIVITIES/PROJECTS: Rate each prevention activities/projects as to level of compliance for each standard in this section. If a standard has been waived, or is not applicable please indicate this instead.

11.1 PREVENTION ACTIVITIES

11.1.1 Activities which are carried out in a manner consistent with the range of activities defined as Prevention Activities in Section 3.0 shall be considered to be subject to the Standards in this Section without regard to their potential relationship to other types of programs or facilities.

11.2 OTHER APPLICABLE STANDARDS

11.2.1 Prevention activities shall comply with all appropriate federal, state, and local codes ordinances, laws and regulations.

11.3 GOALS AND OBJECTIVES

11.3.1 Prevention activities shall have written goals and objectives that are consistent with the definition of these activities. These shall be measurable and time-limited, and shall designate the person(s) responsible for their completion.

11.4 NEEDS ASSESSMENT

11.4.1 Prevention activities shall provide written documentation of a needs assessment process which indicates a need for the types of services to be provided.

11.4.2 Documentation of the needs assessment process shall include the instrument(s) utilized and the results/problem statements. Where a needs assessment (other than one conducted by the project itself) is utilized, the project shall present documentation that the results were verified as accurate and current. This verification shall include a sample of the instrument utilized, the methodology, the population/areas surveyed and the figures/statements upon which conclusions/problems are predicated.

11.5 TARGET POPULATIONS

11.5.1. Target populations consistent with the service to be provided shall be clearly defined.

11.6 INTERAGENCY COORDINATION

11.6.1 Prevention projects shall provide written documentation of interagency coordination, which shall include, but not be limited to, one or more of the following:

- cooperative venture
- co-sponsorship of activities
- joint meetings of staff to share resources
- on-going communications between projects

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STANDARDS APPLICABLE TO LICENSED PREVENTION ACTIVITIES/PROJECTS: (Continued)

11.7 CAPABILITY OF SERVICE PROVISION

11.7.1 Prevention projects shall be capable of providing information and/or experience in the following areas:

- Personal and interpersonal growth skills
- Alcohol and/or drug specific information
- Awareness of alternatives to alcohol and/or drug abuse

11.8 PUBLIC RELATIONS PROHIBITION

11.8.1 Prevention projects shall not solely provide public relation services for other service components.

11.9 PREVENTION ACTIVITY RECORDS

11.9.1 Prevention projects shall maintain records on the number of individuals served in each prevention activity.

11.9.2 These records shall be maintained on standardized record forms selected for use within the project and approved by BADA.

11.9.3 The following standards shall be substituted for individual elements of Section 5.3 (Records) as indicated:

- a. for 5.3.2 A program shall maintain prevention activity records in a systematic fashion. Purging of such activity records shall be coordinated with BADA.
- b. for 5.3.4 All activity reporting systems shall be approved by BADA.
- c. for 5.3.5 Activity records shall include, but not be limited to, the following documentation:
  - o Services Provided: The services provided shall be documented by categories. As applicable, these shall include, but not be limited to, the following categories:
    - Information Materials
    - .number of materials distributed
    - .number of materials printed
    - .number of times audio-visual materials are loaned
    - .number attending the session
    - .date the service was provided
    - .name(s) of person(s) requesting the service

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11.0 STANDARDS APPLICABLE TO LICENSED PREVENTION ACTIVITIES/PROJECTS:  
(Continued)

-Speakers Engagements

- .topics presented
- .number attending
- .date the service was provided
- .name(s) of speaker(s)

-Training Events

- .number of participants
- .date the training was provided
- .name(s) of training leader(s)

-Other Events

- .number of media events and media campaigns provided
- .number of Health Fairs or exhibits provided
- .number of events provided (specifying types of events)

-Technical Assistance - The service(s) provided to an individual and/or organization which helps them identify their needs or assists them in developing products (programs, materials, projects, etc.) to meet those needs.

- .number of hours provided
- .areas of assistance (i.e. program development program support, community organization/ development)
- .date service was provided
- .name of individual(s) providing service

-Rationale for Delivery of Services

- .source of request/initiation of activity
- .type of request/activity
- .outcome expected from request/activity

- o Planning of Activities: There shall be documentation of the planning process for all prevention activities. These plans shall be reviewed by program management.
- o Follow-up: Whenever follow-ups are conducted these activities shall be documented.

11.10 INTAKE PROCEDURES

11.10.1 Section 5.7 (Intake Procedures), inclusive, is not applicable to Prevention Activities.

11.11 CERTIFICATION OF STAFF

11.11.1 Section 5.8 (Certification of Staff) is not applicable to Prevention Services.

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11.0 STANDARDS APPLICABLE TO LICENSED PREVENTION ACTIVITIES/PROJECTS:  
(Continued)

11.12 CLIENT AREA

11.12.1 Section 5.12 (Client Area) is not applicable to Prevention Services.

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12.0 STANDARDS APPLICABLE TO CORRECTIONAL INSTITUTIONS

Alcoholism or drug abuse treatment programs operating within a correctional institution shall comply with standards applicable to program type and in accordance with established regulations of the Department of Corrections, as appropriate.

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13.0 SPECIAL PROGRAMS

A license may be issued at the discretion of the Chief, for special programs which offer significant potential benefit to drug abusers, alcohol abusers or alcoholics, and which do not fall into any of the program categories described in these Standards.

13.0 SPECIAL PROGRAM - STANDARDS APPLICABLE TO DUI EDUCATION PROGRAMS

13.1 DUI EDUCATION PROGRAMS

13.1.1 DUI Education Programs shall be designed to provide drug and/or alcohol education services on a scheduled basis to individuals adjudicated in violation of 21 Del. C. 4177.

13.2 OTHER APPLICABLE STANDARDS

13.2.1 DUI Education Programs shall comply with 21 Del. C. 4177 pertaining to Driving While Intoxicated and 42 USC 290 dd-3 and 42 USC 290 ee-3 pertaining to the confidentiality of alcohol and drug patient records, respectively. Program shall insure that they are in compliance with any other applicable federal, state, and local codes, laws, and regulations.

13.2.2 DUI Education Programs shall comply with Licensure Standard 5.0 (Standards Applicable to all Alcohol and Drug Service Providers)

13.2.3 DUI Education Programs shall comply with Licensure Standard 14.0 (Standards Applicable to Policy and Procedure Manual - excluding (14.1.4.6))

13.3 HOURS OF OPERATION

13.3.1 DUI Education Programs shall establish and publish regular days and hours of operation.

13.4 INTAKE AND ADMISSION POLICY AND PROCEDURE

13.4.1 Program shall clearly define intake and admission policy and procedure and admission criteria.

13.4.2 Program shall define criteria for readmission in the case of a participant discharged for non-compliance or non-completion.

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13.0 SPECIAL PROGRAM - STANDARDS APPLICABLE TO DUI EDUCATION PROGRAMS  
(Continued)

13.5 DISCHARGE POLICY AND PROCEDURE

13.5.1 Program shall define its policy and procedure on discharge. This shall include discharge for satisfactory completion and discharge for non-compliance.

13.6 PROGRAM SERVICES

13.6.1 Program shall clearly define the numbers, length, and content of all sessions and indicate the objectives, rationale, and methodology for each phase of the educational program. Content of sessions shall include information on other drugs as well as alcohol.

13.6.2 There shall be, at a minimum, pre and post testing to measure participants' attitudinal change and knowledge acquisition.

13.7 LIAISON WITH THE COURT AND DUI SYSTEM

13.7.1 Program shall define the policy and procedure (with required forms) for the following:

- Referrals into the program from the Court and the DUI Evaluation/Referral Agency.
- Methods for handling in appropriate referrals into the Program (e.g. where participant has a drug or alcohol addiction)
- Reports on participant progress to be furnished to other agencies

13.8 CLIENT FEE SCHEDULE

13.8.1 Program shall clearly publicize its fee schedule

13.8.2 Program shall establish criteria for payment in hardship cases, if applicable.

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- 13.0 SPECIAL PROGRAM - STANDARDS APPLICABLE TO DUI OUTPATIENT REHABILITATION PROGRAMS: Rate each DUI Outpatient Rehabilitation Program as to level of compliance for each standard in this section. If a standard has been waived, or is not applicable please indicate this instead.
- 13.1 DUI OUTPATIENT REHABILITATION PROGRAMS
- 13.1.1 DUI Outpatient Rehabilitation Programs shall be designed to provide drug and/or alcohol treatment services on a scheduled basis to individuals adjudicated in violation of 21 Del.C. §4177.
- 13.2 OTHER APPLICABLE STANDARDS
- 13.2.1 DUI Outpatient Rehabilitation Programs shall comply with 21 Del.C. §4177 pertaining to Driving While Intoxicated and 42 USC 290 dd-3 and 42 USC 290 ee-3 pertaining to the confidentiality of alcohol and drug patient records, respectively. Programs shall insure that they are in compliance with any other applicable federal, state and local codes and laws and regulations.
- 13.2.2 DUI Outpatient Rehabilitation Programs shall comply with Licensure Standard 5.0 (Standards Applicable to all Alcohol and Drug Service Providers).
- 13.2.3 DUI Outpatient Rehabilitation Programs shall comply with Licensure Standards 14.0 (Standards Applicable to Policy and Procedure Manual - excluding 14.1.4.6)
- 13.3 HOURS OF OPERATION
- 13.3.1 DUI Outpatient Rehabilitation Programs shall operate no less than 5 days per week, at least 8 hours per day. The schedule shall include at least 8 hours per week outside the hours of 9:00 a.m. to 5:00 p.m.
- 13.4 INTAKE AND ADMISSION POLICY AND PROCEDURE
- 13.4.1 Program shall clearly define intake and admission policy and procedure and admission criteria.
- 13.4.2 A policy and procedure for clients NOT admitted to the program shall be defined.
- 13.4.3 Program shall define criteria for readmission in the case of a client discharged for non-compliance.
- 13.4.4 Program shall define its policy and procedure regarding clients on waiting list.

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13.0 SPECIAL PROGRAM - STANDARDS APPLICABLE TO DUI OUTPATIENT  
REHABILITATION PROGRAMS: (Continued)

13.5 DISCHARGE POLICY AND PROCEDURE

13.5.1 Program shall define its policy and procedure on discharge. This policy and procedure shall include criteria for satisfactory" and "unsatisfactory" ("at risk") program completion, as well as "non-compliance."

13.6 PROGRAM SERVICES

13.6.1 Services shall be clearly defined in terms of a continuity of services beginning with identification, admission, treatment and discharge and shall reflect an awareness of the total DUI system. Services shall include educational and therapy group sessions, individual sessions, and family sessions, as appropriate.

13.6.2 Minimum length and frequency of different type of sessions shall be stated. Minimum total program duration shall also be stated.

13.6.3 In the case of educational sessions, minimum program content shall be spelled out, and shall include the use of chemicals and driving.

13.6.4 Program shall utilize a method or methods for measuring the individual client's pre and post attitudinal change, and acquisition of alcoholism knowledge.

13.6.5 Where a program is treating non-DUI, as well as DUI client cases, the program shall insure through careful documentation that the specific needs of the DUI client are being addressed.

13.7 LIAISON WITH THE LARGER DUI SYSTEM

13.7.1 Program shall carefully define its reporting relationship with other DUI system agencies. This reporting shall include, but not be limited to:

- Evaluation reports, BAC, test scores, etc., to be sent to the program as part of the admission process.
- Reports on client progress to be furnished to other agencies.

13.8 CLIENT FEE SCHEDULE

13.8.1 Program shall clearly publicize its fee schedule.

13.8.2 Program shall establish and publicize criteria for payment in hardship or indigent cases.

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- 13.0 SPECIAL PROGRAM - STANDARDS APPLICABLE TO DUI OFFENDER EVALUATION/REFERRAL PROGRAMS: Rate each DUI Offender Evaluation/Referral Program as to level of compliance for each standard in this section. If a standard has been waived, or is not applicable please indicate this instead.
- 13.1 DUI OFFENDER EVALUATION/REFERRAL PROGRAMS
- 13.1.1 DUI Offender Evaluation/Referral Programs shall comply with the definition of "Assessment and Referral Program" (Licensing Standards §3.2 Definitions) and shall be designed to provide screening, evaluation, referral and tracking services for individuals adjudicated to be in violation of 21 Del.C. §4177.
- 13.2 APPLICABLE LAWS AND REGULATIONS
- 13.2.1 DUI Offender Evaluation/Referral Programs shall comply with 21 Del.C. §4177, as appropriate.
- 13.2.2 DUI Offender Evaluation/Referral Programs shall comply with 42 USC 290 dd-3 and 42 USC 290 ee-3, pertaining to the confidentiality of drug and alcohol patient records, respectively.
- 13.2.3 DUI Offender Evaluation/Referral Programs shall comply with other applicable federal, state and local codes, laws and regulations.
- 13.3 OTHER APPLICABLE STANDARDS
- 13.3.1 DUI Offender Evaluation/Referral Programs shall comply with Licensing Standard 14.0 STANDARDS APPLICABLE TO POLICY AND PROCEDURE MANUAL except for §14.1.4.5 Program Service Management and §14.1.4.6 Prevention Activity Management.
- 13.4 HOURS OF OPERATION
- 13.4.1 DUI Offender Evaluation/Referral Programs shall operate no less than five days per week, at least eight hours per day. The schedule shall include at least eight hours per week outside the hours of 9:00 a.m. to 5:00 p.m.
- 13.5 PROGRAM SERVICES
- 13.5.1 Program shall describe in detail methods for receiving referrals, conducting evaluation (within 7 days of receipt from the court), referring clients to treatment and education programs, and tracking referral outcomes.
- 13.5.2 Program shall define its intake process in terms of content and duration.

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13.0 SPECIAL PROGRAM - STANDARDS APPLICABLE TO DUI OFFENDER EVALUATION/ REFERRAL PROGRAMS: (Continued)

- 13.5.3 Program shall have a policy and procedure regarding clients referred inappropriately for evaluation.
- 13.5.4 Program shall have a policy and procedure regarding individuals unable to be evaluated within a reasonable time and placed on a "waiting list".
- 13.5.5 Program shall utilize some or all of the following data in the screening, assessment, and referral process:
- The individual's driving record as documented by Division of Motor Vehicle records.
  - The individual's previous treatment history, if any. This may be accessed through the BADA Management Information System.
  - An objective, standardized, nationally accepted screening instrument such as Michigan Alcohol Screening Test (MAST) or the Mortimer-Filkins Test for Identifying Problem Drinking Drivers.
  - Blood Alcohol Content at the time of the DUI arrest (.20 plus should be considered especially significant).
  - Client self-admission of a drinking problem.
  - Medical, legal economic, family, or social difficulties indicative of an alcohol problem.
- 13.5.6 Screening, evaluation, referral, and tracking methodologies shall be uniform and consistent among all units providing these services.
- 13.5.7 Program shall establish criteria for referring individuals to the various drug and alcohol treatment programs.
- 13.5.8 Program shall establish a tracking process, which will, at a minimum, provide information regarding the client's status of acceptance into the treatment and/or education program to which the client was referred, client's discharge and fee payment status.
- 13.5.9 Program shall establish a standardized client record keeping system that will, at a minimum, document demographic, evaluation, referral, and fee payment data.

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13.5.10 Program shall have policies and procedures regarding client rights. Such policies shall be designed to enhance the dignity of all clients and enhance their rights as human beings. Policies shall minimally address confidentiality and a client's review of his/her own record.

13.5.11 Any client fee payment schedule shall be clearly posted.

**13.6 LIAISON WITH OTHER AGENCIES**

13.6.1 Program shall define its liaison with agencies of the criminal justice system (and other DUI-related agencies, including Division of Motor Vehicle) that make referrals to it. This definition shall include the minimum documentation required by the Program to accompany the referral. Further, the Program shall define a system of client progress reporting to other appropriate agencies. The provider must respond to telephone inquiries from user agencies.

**13.7 STAFF TRAINING**

13.7.1 Program shall have staff trained, in evaluation methodologies, performing evaluations. Such staff may also be certified as counselors by the D.A.D.C.C.B.

13.7.2 Program shall be required to provide summary reports of activity from time to time to appropriate agencies requesting such information.

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13.0 SPECIAL PROGRAM - STANDARDS APPLICABLE TO DRUG EARLY INTERVENTION PROGRAMS

13.1 DRUG EARLY INTERVENTION PROGRAMS

13.1.1 Drug Early Intervention Programs shall be designed to provide drug education services on a scheduled basis to eligible individuals. The programs may provide other early intervention services. Eligibility shall be determined by DE law and/or individual program admission criteria.

13.2 OTHER APPLICABLE STANDARDS

13.2.1 Drug Early Intervention Programs should comply with 42 USC 290 dd-3 and 42 USC 290 ee-3 pertaining to the confidentiality of alcohol and drug patient records, respectively. Program shall ensure that they are in compliance with any other applicable federal, state, and local codes, laws, and regulations.

13.2.2 Drug Early Intervention Programs shall comply with Licensure Standard 5.0 as follows: 5.1, 5.2, 5.3, (1,2,4), 5.3.5.7, 5.3.6, 5.4, 5.5, 5.6, 5.9, 5.11.2.

13.2.3 Drug Early Intervention Programs shall comply with Licensure Standard 14.0 (excluding 14.1.4.6).

13.3 TIME AND PLACE OF OPERATION

13.3.1 Drug Early Intervention Programs shall establish and publish a schedule of times and places for holding classes.

13.4 INTAKE AND ADMISSION POLICY AND PROCEDURE

13.4.1 Program shall clearly define intake and admission policy and procedure and admission criteria.

13.4.2 Program shall define criteria for readmission in the case of a participant discharged for non-compliance or non-completion.

13.5 DISCHARGE POLICY AND PROCEDURE

13.5.1 Program shall define its policy and procedure on discharge. This shall include discharge for satisfactory completion and discharge for non-compliance.

13.6 PROGRAM SERVICES

13.6.1 Program shall clearly define the numbers, length, and content of all sessions and indicate the objectives, rationale, and methodology for each phase of the educational program.

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Content of sessions shall include information on alcohol as well as other drugs.

13.0 SPECIAL PROGRAM - STANDARDS APPLICABLE TO DRUG EARLY INTERVENTION PROGRAMS (Continued)

13.6.2 There shall be, at a minimum, pre and post testing to measure participants' attitudinal change and knowledge acquisition.

13.7 LIAISON WITH OTHER AGENCIES

13.7.1 Program shall define the policy and procedure (with required forms) for the following:

- Referrals into and out of the Program
- Methods for handling inappropriate referrals into the Program (e.g. where participant has a drug or alcohol addiction)
- Methods for handling individuals who need follow-up treatment following Program discharge
- Reports on participant progress to be furnished to other agencies

13.8 CLIENT FEE SHCHEDULE

13.8.1 Program shall clearly publicize its fee schedule

13.8.2 Program shall establish criteria for payment in hardship cases, if applicable

13.9 STAFF QUALIFICATIONS

13.9.1 Program shall define staff qualifications for providing drug education services.

13.9.2 Program shall ensure that staff meet these qualifications.

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14.0 STANDARDS APPLICABLE TO POLICY AND PROCEDURE MANUAL: Rate each program as to level of compliance for each standard in this section. If a standard has been waived, or is not applicable please indicate this instead.

14.1 POLICY AND PROCEDURE MANUAL

14.1.1 The program shall assure that a written manual of its policies and procedures, which describes its regulations, principles and guidelines, is prepared, regularly revised, and updated annually or as necessary.

14.1.2 The Manual shall be available to staff for inspection.

14.1.3 A mechanism shall be established for notifying employees of changes in policies and procedures.

14.1.4 The Policy and Procedure Manual shall have written policies and procedures in the following areas:

14.1.4.1 Introduction : The introduction shall contain: a) the purpose of the manual; b) the organization of the manual; c) the distribution of the manual; d) the procedures for developing and amending policies and procedures; and e) a program description, which would include: 1) history, 2) program service philosophy and goals, 3) current capacity and services provided, 4) funding sources, and 5) interagency and community relations.

14.1.4.2 Administrative Management

A. Agency or Organization Type (public, private, non-profit, private profit, other)

B. Implications - This section would include:

1) articles of incorporation, 2) tax exempt status, 3) directives, and 4) other.

C. Governing Body or Advisory Council - This section would include:

1) membership requirements: a) dues, fees, attendance, b) recruitment and selection, and c) community and/or agency representation, 2) organization, positions and committees, 3) By-laws, 4) written records and reports, 5) responsibilities: a) role in authorization of checks, and contracts (if applicable), b) delegation of authority to Program Director, and c) role in employee grievances and appeals, 6) table of organization of the Governing Body or Advisory Council.

D. Parent/Umbrella Organization (if applicable) - This section would include:

1) relationship to program, and 2) table of organization depicting parent organization, other programs under the jurisdictions of the parent organization, and lines of authority.

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14.1.4.2 Administrative Management (Continued)

- E. Program's Table of Organization - This section would include an organizational chart with the following information: 1) name of functional units, 2) title for each authorized position, 3) lines of authority, and 4) labeling of part-time, volunteer, and consultant positions.
- F. Management Functions - This section would include: 1) program planning: a) written annual program objectives with action steps, time frames, and staff responsible for its completion, and b) process for informing all staff and governing body of the annual program objectives; 2) communication: a) staff meetings which are scheduled by job functions (whenever applicable), and b) staff meeting minutes indicating the date, time, place of meeting, staff attending, staff absent, major items of business discussed, and time adjourned.

14.1.4.3 Financial Management

- A. Funding Sources - A summary of total program funding and a breakdown of approximate amount of funding by individual funding source(s).
- B. Accounting System - This section would include: 1) method of accounting: a) type of accounting system used (i.e. cash or accrual method), b) the accounting period (i.e. fiscal year), c) chart of accounts, that is, a description of the categories of accounts, the numeric and word components and the topical organization of the accounting system, 2) accounting records: a description of the types of records maintained (i.e. general ledger, journals, subsidiary ledgers, checkbooks, petty cash, and payroll records), 3) supporting documentation: types of supporting documentation which are maintained, i.e. paid and unpaid invoices, bank statements, accounts payable and funds receivable, records, timesheets, payroll registers, proof of payroll tax payments, canceled checks, etc., and 4) financial statements: the type, frequency and distribution of financial statements such as the balance sheet, statement of income and expenditures, etc.
- C. Budgeting - This section would include: 1) overall budget responsibilities such as preparation, review and approval, and review and adjustment, 2) procedures for preparing the overall program budget such as procedures for developing program goals and objectives, procedures for estimating the cost of each objective or goal, cost categories to be included in the budget (i.e. salaries, fringe benefits, rent, supplies, travel, etc.), procedures for estimating the projected income of the organization, comparison of projected income to the expense of achieving the objectives or goals, preparation of the final proposed budget and budget review and approval, 3) preparing budget for separate funding sources, and 4) procedures for periodic budget review and adjustment (i.e. preparing comparisons of budgeted -vs.- actual expense data

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monthly and quarterly).

14.1.4.3 Financial Management (Continued)

- D. Processing of Funds - This section would include: 1) receipt of funds, (i.e. procedures for receiving, recording and depositing incoming funds), 2) disbursement of funds, that is a description of the cash disbursement system to include: a) supporting documentation, b) authorizing signatures and c) check writing procedures.
- E. Purchasing: This section would include: 1) the purchase order, (i.e. purpose and uses of the purchase order), and information required on the purchase order, and 2) purchasing procedures: a) transactions requiring purchase orders, b) bid solicitations - specifying the amounts requiring written bids, and the amounts requiring telephone bids, c) purchasing process, (i.e. initiating the purchase order, purchase order approval, coordination with the accounting office, processing the purchase order, receipt and inspection of goods, and preparing payment to the supplier).
- F. Payroll - This section would include: 1) preparation process (manual or automated), 2) payroll period (weekly, monthly, etc.), 3) payroll records: a) time sheets, b) payroll register, and c) employee's individual earnings records, 4) payroll authorizations: a) approval of time sheets, and b) signatures required on payroll checks, and 5) payroll taxes.
- G. Petty Cash Procedures - This section would include: 1) allowable uses of the petty cash fund, 2) forms and procedures for using the petty cash fund, 3) maximum balance of funds maintained in petty cash, 4) limits on individual transactions, and 5) procedures for reconciling and replenishing the petty cash fund.
- H. Billing for Services - This section would include: 1) procedures for determining fees per unit or day of service, 2) sliding fee scale: a) statement of fee schedule to be used by the program, b) statement indicating procedure for informing the clients of fee schedule, and for determining the amount to be paid by the client and c) statement indicating how client fees are going to be documented, 3) procedures for billing clients, i.e. statement indicating the procedure for documenting, for each client, the dates services were received and the units of service provided, 4) procedures for billing third party payers, and 5) procedures for handling delinquent accounts.
- I. Internal Controls - The internal management mechanisms for safeguarding the assets of the organizations and for preventing and detecting errors. This section would include: 1) separation of functional responsibilities, 2) accurate and complete books of account, 3) financial reports, 4) proper documentation, 5) annual audit; and 6) bonding information for employees handling monetary transactions.

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14.1.4.3 Financial Management (Continued)

- J. Non-Profit Corporation Data - This section would include: 1) fidelity bond, 2) insurance policies (i.e. property, liability, vehicle, etc.), 3) IRS Form 501 C regarding tax exempt status, 4) IRS Form 4161 regarding Social Security waiver, 5) IRS Form 990 regarding return of organization exempt from tax, 6) IRS Form 941 regarding "Quarterly Report of Federal Withholding", 7) Delaware "Annual Franchise Tax Report", 8) Delaware Unemployment Compensation and Disability Insurance Reports and Payment Data, 9) Delaware Forms (UC8, UC8A) W-1, W-3 - Report of State Withholding, and 10) contracts for purchased services, e.g. rent.

14.1.4.4 Personnel Management (State operated programs shall comply with the Merit System)

- A. Staff Selection Procedures - This section would include:

1) policies concerning eligibility of applicants:

a) equal employment procedures to include compliance with:

- 1) Vocational Rehabilitation Act of 1973, Sections 503 and 504 prohibiting discrimination against the handicapped.
- (2) Title VII of the Civil Rights Act of 1964 prohibiting discrimination on the basis of race, color, creed, sex or national origin.
- (3) Age Discrimination Act of 1975 prohibiting discrimination based on age.
- (4) Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 prohibiting discrimination against the disabled and Vietnam Era veterans.

b) nepotism

c) employment of ex-addicts and clients of methadone maintenance programs

2) personal interviews

3) responsibility for staff selection

4) probationary period for new employees

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14.1.4.4 Personnel Management (Continued)

- 5) levels of employee status (e.g. part-time, full-time, permanent, probationary, volunteer, consultant, etc.)

B. Employee Performance and Behavior - This section would include:

- 1) competence in performing assigned tasks (i.e. responsibility, punctuality, maintaining confidentiality, accountability, etc.)
- 2) rules of conduct (no use of illicit drugs, etc.)
- 3) code of ethics
- 4) use of the telephone for private purposes
- 5) expressing opinions on agency policy
- 6) protection of personal property
- 7) other employment

C. Staff Supervision

- 1) nature of ongoing staff monitoring and supervision
- 2) employee evaluation procedures (i.e. schedule, content, procedures, filing in personnel file, and employee rights to see, sign and add comments on evaluation, etc.)
- 3) probation and other disciplinary measures for employees - to include definitions and procedures
- 4) assistance for troubled employees - to include a policy statement and procedures

D. Termination of Employment

- 1) procedures for termination of employee
- 2) resignation of employees
- 3) amount of notice required

E. Grievance and Appeals Procedures

F. Staff Training and Development (Training Plan)

- 1) orientation -documentation shall include a review of the policy and procedure manual and all other activities pertinent to the orientation process
- 2) in-service training provided by the program and BADA
- 3) workshops, conferences and coursework:
  - a) policy of the program toward use of normal working hours
  - b) reimbursements of fees and other expenses

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14.1.4.4      Personnel Management (Continued)

- G. Personnel Files - These shall contain job title, documentation of completed training, documentation of orientation, documentation of performance evaluation, documentation of current salary or pay grade, resume and/or job application, staff statement of confidentiality and documentation of certification of counselors.
- H. Work Hours - This would include hours of program operation , shifts, overtime compensation, and procedure for applying for compensation.
- I. Wages - This would include salaries, salary scales, salary increases, cost of living adjustments, and payroll procedures.
- J. Use of personal automobile for program activities.
- K. Reimbursement for travel and other work related expenses.
- L. Employee Benefits
  - 1) eligibility for benefits
  - 2) leave of absence (i.e. vacation, sick, bereavement, administrative, military service, jury duty, other civic duty, educational, maternity and other types of leave with and without pay)
  - 3) paid holidays
  - 4) social security
  - 5) workmen's compensation
  - 6) unemployment compensation
  - 7) health insurance
  - 8) life insurance
  - 9) pension
  - 10) other
- M. Promotions and Demotions
- N. Agency Utilization of Volunteers
- O. Job Descriptions
  - 1) functional job descriptions for part-time, full-time, volunteers and consultants (state-operated programs must have functional job descriptions in addition to the Merit System descriptions)

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2) State Merit System job description (for state-operated programs)

14.0 STANDARDS APPLICABLE TO POLICY AND PROCEDURE MANUAL: (Continued)

14.1.4.5. Program Service Management

A. Definition of Target Population

B. Treatment Procedures

- 1) program operations - this should include a facility description, hours of operations, daily schedule and appointments
- 2) outreach - this shall include a written plan describing goals and objectives and documentation of outreach activities (i.e. outreach log)
- 3) admission/discharge criteria - this shall include admission criteria, and discharge criteria (a medical detoxification facility shall have a policy and procedure governing clients leaving against medical advice (AMA))
- 4) intake/admission procedures - this shall include:
  - a) overview (including Screening and Evaluation Team review for programs funded under BADA)
  - b) orientation
  - c) assignment to primary case manager
  - d) fees
- 5) treatment process - this shall include:
  - a) overview (include sample chart)
  - b) intake
    - (1) acceptance
    - (2) referral - shall include an updated list of referral sources and resources
- 6) treatment services (as applicable): individual counseling, group counseling, family counseling, intervention/evaluation, educational groups, educational intervention, daily living skills, resocialization activities, medical supervision, mental health services, etc.
- 7) supportive services (as applicable): educational, vocational development, legal services, childcare and parental development, community referrals, transportation, etc.
- 8) methadone management procedures (as applicable): general program rules, urine surveillance collection, dispensing methadone, take-home education,

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dosage levels, dosage adjustment, methadone storage and security,  
methadone accountability, other medication, etc.

14.1.4.5. Program Service Management (Continued)

- 9) emergency and special procedures (as applicable): drug overdose, hospitalized clients, arrest of clients, incarcerated clients, psychiatric problems, medication control, etc.
- 10) medical services (as applicable): physical examinations (availability and requirements), and other types of services (how these are made available)
- 11) urinalysis (as applicable): criteria for use and frequency of testing

C. Clinical Record Keeping

- 1) general purpose and uses of client case records
- 2) contents of the client case records (includes when forms are completed, by whom and how often):
  - a) intake/assessment information (intake-interview forms, physical examinations, medical histories and psychosocial history forms)
  - b) consent forms
  - c) release of information forms (as applicable)
  - d) treatment plans and updates
  - e) summary of monthly activity
  - f) progress notes
  - g) case conference documentation
  - h) correspondence
  - i) discharge summaries
  - j) aftercare plans
  - k) follow-up (as applicable)
  - l) General Statement of Confidentiality
  - m) urinalysis reports (as applicable)
  - n) physical exams (as applicable)
  - o) laboratory reports (as applicable)
  - p) medication record (as applicable)
  - q) client reporting system (i.e. admission/discharge form)
- 3) maintenance of the client case records
  - a) initiation/preparation of the record
  - b) organization of files (file format: including a sample format)
  - c) access to files

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14.1.4.5. Program Service Management (Continued)

- d) closing and storing client case records
    - identifies what materials are to be maintained in closed client files
    - specifies the circumstances under which a case record is to be closed
    - includes definitions of "completion of treatment" and "inactive cases"
    - specifies the length of time closed client case records must be maintained in storage
    - indicates that client records shall be maintained at least on microfilm
    - if client records are to be destroyed after microfilming they must be burned or shredded
  - e) periodic review of individual client records for completeness and appropriateness
- 4) confidentiality requirements
- a) file security and disposition/transfer of records
  - b) release of information
- 5) special administrative record keeping procedures (as applicable)
- a) cross-index files
  - b) tickler file
  - c) client admission/discharge log
  - d) monthly client management reports
- D. Assignment of Caseloads
- 1) shall indicate the policy and procedure for assigning caseloads.
- E. Client Service Contacts
- 1) shall indicate how the frequency of client contacts will be determined.
  - 2) shall indicate what the program's expectation is in reference to frequency of contacts.
  - 3) shall indicate what the program's expectation is in reference to the minimum length of contacts per type of service provided.
- F. Case Conferences
- 1) shall indicate the policy and procedure concerning clinical case review

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- 2) shall indicate the policy and procedure concerning documentation review
- 3) shall indicate the policy and procedure concerning the use of consultation services from a mental health professional

14.1.4.5. Program Service Management (Continued)

G. Client's Rights

- 1) the policies and procedures shall be designed to enhance the dignity of all clients and to protect their rights as human beings
- 2) shall indicate how these are to be presented to clients.
- 3) shall indicate how this presentation is to be documented.
- 4) use of physical restraints or seclusion (as applicable)
- 5) there shall be a policy, which allows for review by a client of his/her own case record
  - a) client review of his/her own case record is recorded within the record
  - b) the policy shall address the confidential nature of information received from sources other than program staff or client (i.e. this confidentiality shall be protected)
  - c) the policy shall require that a treatment staff member be present during a client's review of his/her case record

14.1.4.6 Prevention Activity Management

A. Definition of Target Population

B. Prevention Services Procedure

- 1) program operations: facility description, hours of operation, daily schedule, and appointments
- 2) outreach
- 3) services recipient criteria: eligibility criteria and disqualifying criteria.
- 4) service initiation procedures
- 5) prevention activity process:
  - a) overview
  - b) initiation request: acceptance and referral
  - c) development of an activity
  - d) follow-up procedures
- 6) prevention services:
  - a) modalities utilized
  - b) settings utilized
  - c) activities conducted
- 7) supportive services:
  - a) treatment referrals
  - b) cooperative service agencies

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14.1.4.6 Prevention Activity Management (Continued)

C. Activity Record Keeping

- 1) general purposes and uses of prevention activity records
- 2) contents of prevention activity records: services provided, planning documentation, correspondence (as applicable) and follow-up documentation.
- 3) maintenance of the prevention activity records
  - a) initiation/preparation of the record (includes when forms are completed, by whom and how often)
  - b) organization of files
  - c) access to files
  - d) storing files
- 4) confidentiality requirements (as applicable):
  - a) file security and disposition/transfer of records
  - b) release of information
- 5) special administrative record keeping procedures
  - a) cross-index files
  - b) tickler file
  - c) registration log
  - d) monthly prevention activity reports

D. Assignment of Duties

- 1) shall indicate how duties are assigned.

E. Participant Rights (as applicable)

- 1) the policies and procedures shall be designed to enhance the dignity of all participants and to protect their rights as human beings
- 2) shall indicate how these are to be presented to participants.
- 3) shall indicate how the presentation of these rights is to be documented.